

## Retail Food Establishment Inspection Report

## Floyd County Health Department Telephone:812-948-4726

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the parrative portion of this report.

Establishme	ent Name	fe 157	Telephone Number	Date of Inspection PERMIT # (mm/dd/yr)	
			502-548-9114	119-	
Establishme	ent Addres	s (number and street, city, state, zip code)  1a.in St New Albany, IN 47	iiso	11-25-19 40	
Owner /	inda	Williams	Purpose:  1. Routine	Follow-up Release Date NO Roo Today	
Owner's Ac	ddress E, M	ain	2. Follow-up 3. Complaint	Summary of Violations:	
Person in C	harae	Linda Williams	4. Pre-Operational	$C_{NC} \sim R_{NC}$	
Responsible	e Person's	E-mail	5. Temporary 6. HACCP	Menu Type (See back of page)	
Certified Fo	ood Manag	ta Williams 2-19-20	7. Other (list)	12345	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"					
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"					
Section#	C/NC	R	Narrative	To Be Corrected By	
192	C	Observed tomatoe &	Busil sup dated 11.	15 today	
		(10 days old) Soup		carpled.	
	- Observer Bacon with wrong date mark.				
	<u> </u>			rould	
	-		2 0		
138	NL			7 007	
	102	Observed Cook +			
	-	restraint.			
	<u> </u>				
				• • • • • • • • • • • • • • • • • • • •	
	•	·			
				·	
	<u> </u>				
Received by (name and title printed):  LINDA WILLIAMS - OWNER Thomas Snider, EHS					
Received by	(signature	Williams-own	Inspected by (signature):	Anil	
(d):	- //-	cc:		co:	